Metropolitan Transit System

PERSONS WITH MEDICAL DISABILITIES
APPLICATION FOR REDUCED FARE

(Long Form)

Print Form

MTS will notify you if your application was approved within 10 working days contingent upon confirmation from your physician or licensed health care provider (if required). Once your application is approved and notice is received, you may go to The Transit Store to have your photograph taken, pay for, and pick up your MTS Disabled ID Card. MTS reserves the right to make a final determination of eligibility of disabled identification cards. Applications are for internal use only and will not be subject to public review. Should an application be denied, an appeal may be filed with MTS or the applicant may resubmit.

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ ZIP Code _____ E-mail Address _____

Phone Number w/ Area Code _____ Extension _____ Month / Day / Year of Birth _____

1. CHECK THE APPROPRIATE BOX BELOW

☐ **New Card**. If you have not had an MTS Disabled ID Card before, check this box. The cost is $7. You must have your physician or licensed health care provider complete and sign page 3.

☐ **Renewal Card.** If your MTS Disabled ID Card is expiring, please check this box. The cost is $7. You must have your physician or licensed health care provider complete and sign the back of this application.

☐ **Replacement Card.** If your MTS Disabled ID Card was lost or stolen, check this box. The cost of a replacement card is $7.

2. READ AND SIGN/DATE

I certify to the best of my knowledge that the information on this application is true and correct. I understand that providing false or misleading information could result in my eligibility status being terminated.

I understand that my MTS Disabled ID Card is not transferable to other persons and that MTS reserves the right to determine qualifications for issuing cards in accordance with the terms and conditions listed on the application instruction sheet. I understand the MTS Disabled ID Card is valid until the date printed on the card and that I must reapply at that time if I wish to continue my eligibility with the MTS Disabled ID Card program. I understand that on the bus, I must tap my MTS Disabled ID Card on the farebox or card reader and for the trolley, I must tap the station validator to be eligible for the reduced fare.

I understand that the information on this application will be kept confidential by the professionals involved in evaluating my eligibility. I understand that MTS will contact the physician or licensed health care provider on the back of this form to verify my qualifying disability. I authorize the certifying physician or licensed health care provider to provide all information needed to MTS in determining my eligibility for the MTS reduced fare program.

I have read and understand the Instruction Sheet. I understand that until my MTS Disabled ID Card is approved, I will need to purchase the regular adult fare.

Signature _____ Date _____

3. RETURN THIS APPLICATION with the Physician's Statement of Medical Disability Eligibility by hand or by mail to *Disability ID Card c/o MTS - 1255 Imperial Avenue, Suite 1000, San Diego, CA 92101.*

For MTS Office Use Only

Certification _____ Government or State-Issued ID No. _____ Issue Date _____ Staff Initials

Revocation _____ Reason _____ Revocation Date _____ Staff Initials

MTS Compass ID Card No. _____ Issue Date _____ Expiration Date

Additional notes _____

Metropolitan Transit System

1255 Imperial Avenue, Suite 1000
San Diego, CA 92101-7490
(619) 231-1466 • FAX (619) 234-3407

APPLICATION FOR REDUCED FARE (Long Form)

Persons with Medical Disabilities

INSTRUCTION SHEET

Thank you for your interest in MTS's Reduced Fare Program. This program provides a reduced MTS fare for eligible customers. **This application is only for persons with disabilities who do not have Medicare, SSI, or SSD and are not age 60 and over. If you need to replace a lost or stolen MTS Compass Card picture ID, skip this form and call 511 or visit The Transit Store. If you are trying to replace a lost or stolen non-Compass MTS Disabled ID card, you MUST complete this form (or the short form if you qualify).**

THE APPLICATION PROCESS

1. Complete and sign the front of the application; and
2. Have your physician or licensed health care professional* (see page 4) who is treating you for the qualified disability complete page 3 of this application.

RETURNING THE APPLICATION

By hand to or by mail to: DISABILITY ID CARD c/o MTS - 1255 IMPERIAL AVE. SUITE 1000, SAN DIEGO CA 92101

NOTIFICATION OF APPROVAL

MTS will notify you if your application was approved within 10 working days contingent **upon verification by your physician or licensed health care provider**. (To be notified via e-mail, please be sure to provide an e-mail address on page 1 of this application.) Once your application is approved and notice is received, you may go to The Transit Store to have your photograph taken and pay for and pick up your ID card.

Until your application is approved, you must purchase a regular fare (cash or pass).

MTS reserves the right to make a final determination of eligibility of disabled identification cards. Applications are for internal use only and will not be subject to public review. Should an application be denied, an appeal may be filed with MTS or you may resubmit your application.

BRING THE FOLLOWING WHEN PICKING UP AN APPROVED DISABLED COMPASS CARD

1. Your current state or government-issued photo ID that shows your date of birth (state driver's license, state ID card, or passport). Photocopies will not be accepted.

2. Correct processing fee ($7 for new or renewal cards payable by cash, money order, check, traveler's cheque, commuter check voucher, Visa, or MasterCard only).

Inaccurate or incomplete information on the application, failure to provide required identification, or inability to verify physician/licensed health care provider's certification may result in the inability to issue the MTS Disabled Compass Card within 10 days.

PHYSICIAN'S STATEMENT OF MEDICAL DISABILITY ELIGIBILITY

Print Applicant's Name _____

MUST BE COMPLETED BY THE PHYSICIAN OR LICENSED HEALTH CARE PROVIDER TREATING YOU FOR THIS CONDITION

To qualify for MTS's Reduced Fare ID Card, your client/patient listed on the front of this application must have physical or mental condition(s) that fall within the medical eligibility criteria listed below that substantially limits a major life activity, such as caring for one's self, walking, seeing, hearing, speaking, breathing, learning, and/or working, and that further meets the legal standard for reduced-fare eligibility.

Is the disability permanent?: ☐ Yes ☐ No If no, how long do you expect disability to last?* _____

*Note: If a disability is temporary, it must last for at least 90 days to be eligible for a reduced fare.

Please check all that apply:

☐ NONAMBULATORY (See No. 1 on the "List of Qualifying Disabilities" on page 4)

SEMIAMBULATORY PHYSICAL DISABILITIES - Categories 2 through 7 on the List of Qualifying Disabilities on page 4

☐ ARTHRITIS (See No. 2 on the "List of Qualifying Disabilities" on page 4)

☐ CARDIOPULMONARY DISEASE (See No. 3 on the "List of Qualifying Disabilities" on page 4)

☐ CEREBROVASCULAR ACCIDENT (See No. 4 on the "List of Qualifying Disabilities" on page 4)

☐ DIALYSIS (See No. 5 on the "List of Qualifying Disabilities" on page 4)

☐ LOSS OF EXTREMITIES (See No. 6 on the "List of Qualifying Disabilities" on page 4)

☐ RESTRICTED MOBILITY (See No. 7 on the "List of Qualifying Disabilities" on page 4)

☐ SIGHT DISABILITIES (See No. 8 on the "List of Qualifying Disabilities" on page 4)

☐ HEARING DISABILITIES (See No. 9 on the "List of Qualifying Disabilities" on page 4)

MENTAL DISABILITIES - Categories 10 through 14 on the List of Qualifying Disabilities on page 4

☐ ADULT MENTAL RETARDATION OR DEVELOPMENTALLY DISABLED (See No. 10 on the "List of Qualifying Disabilities" on page 4)

☐ AUTISM (See No. 11 on the "List of Qualifying Disabilities" on page 4)

☐ NEUROLOGICAL DISABILITIES (See No. 12 on the "List of Qualifying Disabilities" on page 4)

☐ EPILEPSY. (See No. 13 on the "List of Qualifying Disabilities" on page 4)

☐ MENTAL DISORDERS (See No. 14 on the "List of Qualifying Disabilities" on page 4)

DISABILITY BENEFIT RECIPIENT - Categories 15 and 16 on List of Qualifying Disabilities on page 4

☐ DISABLED VETERAN. (See No. 15 on the "List of Qualifying Disabilities" on page 4)

☐ OTHER DISABILITY. (See No. 16 on the "List of Qualifying Disabilities" on page 4)

Note: If your patient does not fall under one of the categories listed above, list the disability: _____

PLEASE DO NOT SUBMIT APPLICATIONS FOR INDIVIDUALS WHO DO NOT QUALIFY FOR A MEDICAL DISABILITY REDUCED FARE. REDUCED FARE ID CARDS ARE NOT ISSUED FOR SOCIOECONOMIC PURPOSES. The medical disability must be identified in Title 49 Section 37.3 of the Code of Federal Regulations and must further meet the state and federal requirements for reduced fare eligibility. Not all disabilities under Section 37.3 qualify an individual to receive a reduced transit fare. For example, pregnancy, obesity, drug addiction, and alcohol addiction, taken alone, do not qualify an individual for a reduced transit fare. Please see the MTS handout "Explanation of Reduced Fare Benefits for Individuals with Disabilities" for an explanation of the disabilities that qualify an individual for reduced fare on MTS's transit system.

Physician's Name _____ Physician's License Number (required) _____

Office Street Address _____ Suite _____ City, State, ZIP Code _____

Phone Number w/ Area Code _____ Fax Number w/Area Code _____

I certify that I am a legally licensed physician by the State of California. I am currently treating _____ for a qualifying disability, the applicant is disabled as defined by the above criteria, and the information I have provided is true and correct under penalty of perjury according to the laws of the State of California.

Authorized Signature _____ Date _____

****PLEASE MAKE A COPY FOR YOUR PATIENT'S FILE; MTS WILL CALL TO VERIFY THAT YOU HAVE APPROVED THE DISABILITY****

FOR MTS INTERNAL USE ONLY

Verified by _____ Date _____ Staff Initials _____

LIST OF QUALIFYING DISABILITIES	TYPE OF LICENSED HEALTH CARE PROFESSIONAL* AUTHORIZED TO COMPLETE THE CERTIFICATION
1. NONAMBULATORY. Impairments (such as an anatomical loss or paralysis) that require the individual to use a wheelchair.	1. Licensed physician (MD or DO)
2. ARTHRITIS. American Rheumatism Association may be used as a guideline for the determination of arthritic disability Therapeutic Grade III, Functional Class III, Anatomical State III, or worse is evidence of arthritic disability.	2. Licensed physician (MD or DO)
3. CARDIOPULMONARY DISEASE. Cardiopulmonary disease. Serious loss of heart or lung reserves as shown by X-ray, EKG, or other tests and, in spite of medical treatment, there is breathlessness, pain, or fatigue. Requires impairment at Class III or IV level.	3. Licensed physician (MD or DO)
4. CEREBROVASCULAR ACCIDENT. Ongoing debilitating effects following occurrence of cerebrovascular accident (stroke) or cerebral palsy.	4. Licensed physician (MD or DO)
5. DIALYSIS. Individual who must use a kidney dialysis machine in order to live.	5 .Licensed physician (MD or DO)
6. LOSS OF EXTREMITIES. Anatomical deformity of or amputation of hand(s) and/or feet or loss of major function.	6. Licensed physician (MD or DO)
7. RESTRICTED MOBILITY. Disabilities requiring the permanent use of a cane, crutches, long leg brace, or other orthopedic appliances to assist an individual in moving about.	7. Licensed physician (MD or DO)
8. SIGHT DISABILITIES. Result in the better eye, after best correction, which is 20/200 or less; or those individuals whose visual field is contracted (commonly known as tunnel vision): a) to 10 degrees or less from a point of fixation; or b) so the widest diameter subtends an angle no greater than 20 degrees; and c) who are unable to read information signs or symbols for other-than-language reasons.	8. Licensed physician (MD or DO)
9. HEARING DISABILITIES. Impairment due to deafness or hearing incapacity that makes it impossible to communicate or hear warning signals where the hearing loss is 70 dB(A) or greater in the 500, 1000, and 2000 Hz ranges.	9. Licensed medical doctor or licensed audiologist*
10. ADULT MENTAL RETARDATION OR DEVELOPMENTALLY DISABLED. Result in subaverage general intellectual functioning originating during the developmental period or from illness or accident later in life associated with impaired adaptive behavior.	10. Licensed medical doctor, licensed psychologist*, or licensed psychiatrist*
11. AUTISM. Monotonously repetitive motor behavior, severe withdrawal, inappropriate response to condition stimuli, and very inadequate social relationships.	11. Licensed medical doctor, licensed psychologist*, or licensed psychiatrist*
12. NEUROLOGICAL DISABILITIES. Neurological and physical impairments not controlled by condition medication. Characterized by learning, perception, and/or behavioral disorders in an individual whose IQ is not less than two standard deviations below the norm and result from brain dysfunctions (any disorder in learning using the senses), neurologic disorder, or any damage to the central nervous system regardless of cause. This category includes applicants with severe gait problems who are restricted in mobility.	12. Licensed medical doctor, licensed psychologist*, or licensed psychiatrist*
13. EPILEPSY. Grand mal or psychomotor. Persons who are seizure-free for a continuous period of six months are disqualified.	13. Licensed medical doctor, licensed psychologist*, or licensed psychiatrist*
14. MENTAL DISORDERS. Individuals whose mental impairment substantially limits one or more of their major life activities AND are unable to use mass transit without special planning, design, or facilities. A principal diagnosis from the DSM IV classification in one of the following areas is required for eligibiilty: Organic Mental Disorders, Schizophrenic Disorders, Paranoid Disorders, Psychotic Disorders not elsewhere classified, Affective Disorders, Somata Form Disorder, Dissociative Disorders, Adjustment Disorders, Psychological Factors affecting physical condition, and Post-Traumatic Stress Syndrome. These diagnoses must be at Class III to V levels, as follows: Class 3 -- Moderate Impairment. Levels compatible with some, but not all, useful functions. Class 4 -- Marked Impairment. Levels significantly impede useful functioning. Class 5 -- Extreme Impairment. Levels preclude useful functioning.	14. Licensed medical doctor, licensed psychologist*, or licensed psychiatrist*
15. DISABLED VETERAN. Certified at 50 percent or greater.	15. Licensed medical doctor
16. OTHER DISABILITY. Any other temporary or permanent disability that would significantly affect the condition the applicant's ability to effectively use mass transportation services or a mass transportation facility without special facilities, planning, or design.	16. Licensed medical doctor
	*Specific health care professional accepted to complete and sign this application

Explanation of Reduced-Fare Benefits for Individuals with Disabilities

As a recipient of federal funding, MTS is required, during nonpeak hours, to provide a discount fare to elderly and "handicapped persons" at a rate of not more than 50% of the regular, peak fare. Under this discount fare program, a "handicapped person" is defined as:

> "… those individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are nonambulatory wheelchair-bound and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected."

(See 49 U.S.C. § 5307(d) (reduced-fare requirement); 49 C.F.R § 609.23 (reduced-fare requirement); 49 C.F.R. § 609.3 (definition of "elderly and handicapped persons"). Reduced fares are only provided to individuals with a qualifying medical disability. Reduced fares are not provided for socioeconomic purposes.

Please note that pregnancy, obesity, drug or alcohol addiction, and certain other conditions, taken alone, do not qualify as disabilities eligible for MTS's reduced-fare program. (See 49 C.F.R. § 609, Appendix A). Federal transit laws provide for a reduced fare only to individuals with a disability that both meets the definition of a disability under the Americans with Disabilities Act (see 49 C.F.R. § 37.3 definition of "Disability") and meets the requirement that because of the disability, the individual is unable, without special facilities, planning, or design, to utilize MTS's transit facilities or services as effectively as individuals without a disability. This means that an individual with a recognized disability may fall under the civil rights protections for access to transportation services but will not qualify for a reduced fare. (Compare 49 C.F.R. § 609.3 with 49 C.F.R. § 37.3.)
State law further extends the benefits of the federal reduced-fare program to the following individuals:

(1) An individual who by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including, but not limited to, any individual confined to a wheelchair, is unable, without special facilities or special planning or design, to utilize public transportation facilities and services as effectively as a person who is not so affected (see Cal. Pub. Util. Code § 99206.5);

(2) An individual who has lost, or has lost the use of, one or more lower extremities or both hands, or who has significant limitation in the use of lower extremities, or who has a diagnosed disease or disorder which substantially impairs or interferes with mobility, or who is so severely disabled as to be unable to move without the aid of an assistant device (see Cal. Veh. Code § 295.5(a));

(3) An individual who is blind to the extent that the person's central visual acuity does not exceed 20/200 in the better eye, with corrective lenses, as measured by the Snellen test, or visual acuity that is greater than 20/200 but with a limitation in the field of vision such that the widest diameter of the visual field subtends an angle not greater than 20 degrees (see Cal. Veh. Code § 295.5(b));

(4) An individual who suffers from lung disease to the extent of any of the following:

   a. The individual's forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter.
   b. The individual's arterial oxygen tension (pO2) is less than 60 mm/Hg on room air while the person is at rest. (see Cal. Veh. Code § 295.5(c));

(5) An individual who is impaired by cardiovascular disease to the extent that the person's functional limitations are classified in severity as class III or class IV based on upon standards accepted by the American Heart Association (see Cal. Veh. Code § 295.5(d));

(6) A "disabled veteran," which means any individual who, as a result of injury or disease suffered while on active service with the armed forces of the United States, suffers any of the following:

a. Has a disability which has been rated 100 percent by the Department of Veterans Affairs or the military service from which the veteran was discharged due to a diagnosed disease or disorder, which substantially impairs or interferes with mobility.
b. Is so severely disabled as to be unable to move without the aid of an assistant device.
c. Has lost, or has lost the use of, one or more limbs.
d. Has suffered permanent blindness as defined in Section 19153 of the Welfare and Institutions Code (see Cal. Veh. Code § 295.7).

(See Cal. Pub. Util. Code § 99155(b) extending reduced fare transit benefits to the above-listed individuals.)
A temporary disability is defined as a qualifying disability (meeting the standards set forth above), which lasts more than 90 days. (See 49 C.F.R. § 609, Appendix A, Question 2 and Cal. Pub. Util. Code § 99206.5.)

An individual can prove eligibility for a reduced fare under this program by any one of the following:

(A) Proof of a federal Medicare identification card.
(B) Proof of a disabled placard or identification card issued by the California Department of Motor Vehicles.
(C) Current Social Security insurance award letter.
(D) Proof of a North County Transit District disabled identification card.
(E) A certification on an MTS application form by a qualified health care professional that the individual meets the requirements listed above. (Submit with application to obtain an MTS disabled identification card.)
(F) Current, signed letter from the Epilepsy Foundation.[1]
(G) Current, signed letter from the San Diego Center for the Blind.[1]
(H) Current signed letter from the San Diego Regional Center for the Developmentally Disabled. [1]
(I) Current Individualized Education Program (IEP) from school for disabled students. [1]

(See SANDAG Comprehensive Fare Ordinance § 10.3; MTS Ordinance No. 4, § 4.2(B); Cal. Pub. Util. Code § 99155.))

The List of Qualifying Disabilities included on MTS's Application for Reduced Fare is intended to identify disabilities that qualify for a reduced fare. This list is not intended to expand the list of individuals eligible for a reduced fare under state and federal law. MTS reserves the right to revise the List of Qualifying Disabilities at any time in order to conform its Reduced Fare Program to the requirements of state or federal law.

The designated, licensed health care provider authorized to complete a certification of qualifying disability is based on the medical professionals defined by Social Security Administration regulations as "acceptable medical sources" for establishing an impairment entitling an individual to SSI disability benefits. (See Section 20 CFR § 404.1513(b).)

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[1] If submitting a letter or IEP pursuant to options (F), (G), (H), or (I) above, the letter or IEP must contain a certification equivalent to the one contained in the Physician's Statement of Medical Disability Eligibility (page 3 of the MTS Application for Reduced Fare) and must be signed by the type of physician or specific licensed health care professional identified on the List of Qualifying Disabilities (on page 4 of the MTS Application for Reduced Fare).